Name of Hatchery

Contact Person

Address of Hatchery

Telephone Number   Email Address

Section A: Operation information

1. What is the maximum hatching capacity of your facility i.e. total number of eggs that can be hatched?

    _____

2. What is the current hatching capacity?

    Hatchers: _____eggs Incubators: _____ eggs

3. On an average, how many chicks are normally hatched at your facility per hatching day?

    _____

4. How many incubators and hatchers do you have at your facility?

    Incubators: _____   Hatchers: _____

5. On an average, how many dead chicks are normally recovered per hatcher on a hatching day?

    Normal/hatcher: _____   Today/hatcher: _____

6. What is the average number of chicks that were hatched but die in the boxes before being sent to the farms?

    _____

7. What breed/s of chicks are normally hatched?

    _____

8. Within the last 12 months, list the countries of origin of the eggs hatched at your facility:

    _____

9. Within the last 12 months have you experienced any problems with hatchability at your facility? ☐ Yes   ☐ No

If yes, specify:

_____

_____

_____

10. What is the average incubation condition at your facility?

    a. Duration (days/weeks):

    _____

    b. Temperature (degree celsius):

    _____

    c. Humidity (%):

    _____

    d. Frequency of turning the eggs:

    _____

11. What type of production system do you have?

☐ Manual ☐ Semi- automated ☐ Fully automated

12. What type of ventilation system (hatchers/incubators) do you have?

☐ Open air/common air space (internal of building)

☐ Closed system (each incubator/hatcher)

☐ Dust trap ☐ Exterior of building ☐ Other: _____

13. How many air intakes/out puts do you have per incubator and hatcher?

Incubators (__)		Hatchers (__)	
# Air intake	# Air output	# Air intake	# Air output

14. Are incubators and hatchers housed in the same building?

☐ Yes ☐ No

15. Do you export day old chicks from your hatchery to other countries in the Caribbean?
☐ Yes ☐ No

If 'Yes', name the countries:

    a. _____

b. _____

c. _____

16. Is there any particular reason why you import eggs from two difference sources?

_____

17. Have you ever changed sources of hatching eggs? ☐ Yes   ☐ No

If Yes, why?

_____

_____

Section B: Biosecurity/Sanitation measures

1. Are your eggs fumigated/sanitized before placement into incubators?

☐ Yes   ☐ No

If Yes, what agents, concentrations and time of contact are used?

Agent	Concentration	Time of contact with agent
a.		
b.		
c.		

2. Are workers mandated to wear gloves/protective wear when handling and transferring eggs?

☐ Yes   ☐ No

3. Are workers' movement between different areas/buildings restricted?

☐ Yes   ☐ No

If Yes, what are the areas that are restricted?

a. _____

b. _____

c. _____

d. _____

4. What pest control measures are in place at your facility?

a. _____

b. _____

c. _____

d. _____

5. What are your cleaning and disinfection (general) protocols? How often is it done?

Agents used:

_____

_____

Frequency and timing of cleaning:

_____

_____

6. What agents are used to sanitize the hatchers and incubators?

a. _____

b. _____

c. _____

d. _____

7. Are routine environmental/egg sampling done at your facility to ensure quality assurance?

☐ Yes   ☐ No

If Yes, what tests are done and how often is it done?

Test	Type of sample collected	Frequency
a.		
b.		
c.		
d.		

8. Have you ever isolated Salmonella from samples taken at your hatchery within the

last 12 months?   ☐ Yes   ☐ No

If Yes, which type of samples tested positive? _____

9. On average, what is the number of eggs with dirty shells that are place in each incubator? _____

10) On average, what is the number of eggs with cracks in the shells that are placed in each incubator? _____

Section C: Vaccination protocol

1. What is the route of vaccine administration given at your hatchery?

   ☐ In Ovo (Day: ___)   ☐ IM Injection   ☐ SubQ injection

   ☐ Ocular   ☐ Nasal   ☐ Cloacal   ☐ Feather follicle

   ☐ Wing stab   ☐ Spray   ☐ Oral   Other: _____

2. What vaccines are administered via which route?

Vaccine/Agent	Route administered	Age
a.		
b.		
c.		
d.		
e.		

END.

Thank you for your time and cooperation.